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**** CONTINUING DATA *******

This application is a CON of 10/280,945 10/25/2002 PAT 7,048,682 which is a CON of 10/005,837 11/09/2001 ABN
 which is a CIP of 09/917,443 07/27/2001 PAT 6,612,977
 and is a CIP of 09/917,562 07/27/2001 PAT 6,652,450
 and claims benefit of 60/263,472 01/23/2001
 and claims benefit of 60/269,829 02/20/2001 ABN
 and claims benefit of 60/281,350 04/04/2001
 and claims benefit of 60/295,068 06/01/2001
 and claims benefit of 60/306,915 07/20/2001

S40 4/16/07

**** FOREIGN APPLICATIONS *******

none 4/16/07

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 38	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

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TITLE

Surgical articles and methods

FILING FEE RECEIVED 1350	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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